

1960

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY	Somerset		STATE	Maryland	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town)	Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	McCreedy Hospital		STREET ADDRESS	W. Main St.	
3. NAME OF DECEASED:			4. DATE OF DEATH:		
(First)	(Middle)	(Last)	(Month)	(Day)	(Year)
CHARLES	JACOB	ABBOTT	February	8	19 55
5. SEX:			6. AGE last birthday:		
male	5. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	0 yrs.	7 Months	22 Days
white	single	June 16, 1954	IF UNDER 1 YEAR IF UNDER 24 HRS.		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):			10b. KIND OF BUSINESS OR INDUSTRY:		
none			none		
11. BIRTHPLACE (State or foreign country):			12. CITIZEN OF WHAT COUNTRY?		
Crisfield, Maryland			USA		
13. FATHER'S NAME:			14. MOTHER'S MAIDEN NAME:		
Guilford Abbott			Jacqueline Sterling		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)			16. SOCIAL SECURITY No.:		
no 4			none		
17. INFORMANT & ADDRESS:			18. MEDICAL CERTIFICATION		
Guilford Abbott—W. Main St.—Crisfield, Md.			Interval Between Onset And Death		

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death
571.0 Immediate cause						
Antecedent causes (s)						
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.						
DUE TO						William H. Coulbourn, M.D. DEPUTY MEDICAL EXAMINER SOMERSET COUNTY, MD.
DUE TO						
DUE TO						
11. OTHER SIGNIFICANT CONDITIONS						20. AUTOPSY
Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION						
0 Baby was dead before I was called.						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify)						22. I hereby certify that I attended the deceased from 19....., to 19....., that I last saw the deceased alive on 19....., and that death occurred at 12:15 a.m., from the causes and on the date stated above.
PLACE (Home, farm, factory, street, office bldg., etc.)						
INJURY						
TIME (Month) (Day) (Year) (Hour)						23. BURIAL, CREMATION, REMOVAL (Specify)
INJURY OCCURRED						
HOW DID INJURY OCCUR?						
No accident.						24. FUNERAL DIRECTOR
22. I hereby certify that I attended the deceased from 19....., to 19....., that I last saw the deceased alive on 19....., and that death occurred at 12:15 a.m., from the causes and on the date stated above.						
23. BURIAL, CREMATION, REMOVAL (Specify)						
DATE THEREOF						24. FUNERAL DIRECTOR
NAME OF CEMETERY OR CREMATORY						
LOCATION (City, town, or county) (State)						
DATE REC'D BY LOCAL REGISTRAR						24. FUNERAL DIRECTOR
REGISTRAR'S SIGNATURE						
ADDRESS						
2-9-55						24. FUNERAL DIRECTOR
Betty W. Tyler						
Bradshaw & Sons--Crisfield, Md.						

2064193384

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 15 1955

RECEIVED

1961
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01948
Reg. Dist.

No. 261

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Shelltown</u>		LENGTH OF STAY (in this place) <u>Life</u>		CITY (If outside corporate limits write RURAL and give nearest town) <u>Shelltown</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (First) <u>JOHN</u> (Middle) <u>HANSON</u> (Last) <u>CROPPER</u>				4. DATE OF DEATH <u>February 7, 19 55</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>Sept 15, 1887</u>	9. AGE last birthday: <u>67</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>farm owner</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Farming</u>		11. BIRTHPLACE (State or foreign country): <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Robert J. Cropper</u>				14. MOTHER'S MAIDEN NAME: <u>Virginia White</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No.: <u>None</u>		17. INFORMANT & ADDRESS: <u>Mrs. Olive R. Cropper, Shelltown, Md.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
<u>4-20-1</u> Immediate cause (a) <u>Coronary Disease (Thrombosis)</u> DUE TO Antecedent cause(s) (b) <u>Arterio Sclerosis</u> Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>W. H. Houlbourn</u> CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.				DATE SIGNED <u>Feb 7-55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF: <u>2-9-55</u>		NAME OF CEMETERY OR CREMATORY: <u>Baptist Cemetery</u>		LOCATION (City, town, or county) (State): <u>Rehoboth, Md.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 9th, 1955</u>		REGISTRAR'S SIGNATURE <u>Nellie D. Payne</u>		24. FUNERAL DIRECTOR: <u>Dennis & Watson, Pocomoke, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 16 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1801949
1962 CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		TOWN	
X <u>Pocomoke</u>				<u>Pocomoke</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>Home</u>				<u>R.F.D. 1</u>			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First)		(Middle)		(Last)		(Month) (Day) (Year)	
<u>SALLIE ANN</u>		<u>DENNIS</u>				<u>Feb. 6th 1955</u>	
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
<u>Female</u>		<u>Col.</u>		<u>Widowed</u>		<u>May 6, 1887</u>	
9. AGE last birthday:		10. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>67</u> yrs.		<u>Domestic Housework</u>		<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Walter Collins</u>				<u>Alice Logan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
<u>no</u>				<u>-</u>		<u>Alice Crapper - Pocomoke, Md.</u>	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
<u>422.1</u>						<u>50 days</u>	
Immediate cause (a) <u>Cerebral Hemorrhage</u>							
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u>Arterio-sclerotic Cardio-Vascular Disease</u>						<u>3 yrs</u>	
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1950</u> , 19... to <u>2/6</u> , 1955, that I last saw the deceased alive on <u>2/6</u> , 1955, and that death occurred at <u>10 AM</u> from the causes and on the date stated above.							
SIGNATURE (Degree or title)				ADDRESS DATE SIGNED			
<u>Louis S. Llewellyn, M.D.</u>				<u>Pocomoke City, 2/7/55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>2-10-55</u>		<u>St. James</u>		<u>Pocomoke Md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>2/8/55</u>		<u>Mrs. Ouelle Byrnes</u>		<u>Edgar Wharton - New Church, Va.</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

FEB 14 1955

BUREAU V. S.

MARYLAND

1963

01950

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 260

Items 7/Film G177 2-16-55 et

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Eden</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Eden</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Tolbert</u> (Middle) <u>Donohue</u> (Last) <u>Donohue</u>	4. DATE OF DEATH	(Month) <u>Feb.</u> (Day) <u>5</u> (Year) <u>1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cal.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 17, 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no laborer on railroad</u>	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>76 1/2</u> yrs.	If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Eden Somerset Md.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	14. MOTHER'S MAIDEN NAME <u>Annie Christopher</u>	
13. FATHER'S NAME <u>Julius Donohue</u>	17. INFORMANT AND ADDRESS <u>Mrs. Annie Barkley, Eden, Md. Box 36</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY No.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause

(a)

Pulmonary Edema

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Cardiac Insufficiency
Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

0 none

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) <u>Eden</u>	(COUNTY) <u>Somerset</u>	(STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb 4, 1955, to Feb 5, 1955, that I last saw the deceasedalive on Feb 4, 1955, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>Feb. 13, 1955</u>	<u>Flower Hill</u>	<u>Eden, Md.</u>	<u>Somerset</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>2/9/55</u>	<u>R. S. Johnson, M. H.</u>	<u>Charles H. Ward - Marion Sta., Md.</u>		

Box 235

MARGIN RESERVED FOR BINDING

RECEIVED

FEB 14 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1969
CERTIFICATE OF DEATH

01951

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield		LENGTH OF STAY (in this place) 52 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Cove Street				STREET ADDRESS (If rural give location) Cove Street			
3. NAME OF DECEASED: (First) (Middle) (Last) Fannie May Gerald			4. DATE OF DEATH: (Month) (Day) (Year) Feb. 17, 1955				
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: June, 1883	9. AGE last birthday: (yrs.) 71	IF UNDER 1 YEAR: (Months) (Days) (Hours) (Min.) 8	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION: Give kind of work done during most of working life, even if retired. housewife			10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Accomac County, Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William S. Scott				14. MOTHER'S MAIDEN NAME: Deliah Crosley			
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mrs. Carrol Jockel, 10 W. Barre, Balto. Md.			
18. MEDICAL CERTIFICATION				Interval Between Onset And Death			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a) Coronary Disease (occlusion) DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis DUE TO (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR? She was a d. before I was called			
22. I hereby certify that I attended the deceased from Feb. 16, 1955 , that I last saw the deceased alive on Feb. 16, 1955 , and that death resulted from Arterio Sclerosis , from the causes and on the date stated above. SIGNATURE Dr. H. Boulbourn (Degree or title) ADDRESS Crisfield Md. Feb. 18-1955 DATE SIGNED							
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Feb. 19, 1955		NAME OF CEMETERY OR CREMATORY Sunny Ridge		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 2/18/55		REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR Durward Q. Covington		ADDRESS Crisfield, Md.	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 21 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01952
1964 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield HOSPITAL OR INSTITUTION OR STREET ADDRESS McCreedy Hospital		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield STREET ADDRESS (If rural give location) 12 Main Street	
3. NAME OF DECEASED: (Type or Print) Josephine Cullen Hall		4. DATE OF DEATH: Feb. 13, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: June 21, 1876
9. AGE last birthday: 78 yrs. 7 Months 22 Days 0 Hours 0 Min.		10. USUAL OCCUPATION. Give kind of work done during most of working life even if retired: Housewife	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jacob B. Cullen		14. MOTHER'S MAIDEN NAME: Melissa Ward	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.): No		16. SOCIAL SECURITY NO.: None	
17. INFORMANT & ADDRESS: Mrs. Nicholas Riggin, Wilmington, Del.		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332X Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. Cerebral thrombosis - Multiple attacks since onset in November 2 1/2 mo. Cerebral arteriosclerosis		Interval Between Onset And Death	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
19a. DATE OF OPERATION: 8		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 1954, to Feb. 1955, that I last saw the deceased alive on Feb. 13 , 1955, and that death occurred at 12:00 AM from the causes and on the date stated above. SIGNATURE C. Ranley M.D. (Degree or title) ADDRESS Crisfield, Md. DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Feb. 15, 1955	
NAME OF CEMETERY OR CREMATORY Crisfield		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 2/15/55		REGISTRAR'S SIGNATURE Betty W. Tifer	
FUNERAL DIRECTOR Durward J. Covington, Crisfield, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 17 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1965
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03035

Reg. Dist.

No. 262

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Somerset</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)			
X TOWN <u>R.F.D. #1 Box 65</u>				TOWN <u>R.F.D. #1 Box 65</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Home</u>				STREET ADDRESS (If rural, give location) <u>Pocomoke City, Maryland</u>			
3. NAME OF DECEASED: (Type or Print)		(First) (Middle) (Last)		4. DATE OF DEATH		(Month) (Day) (Year)	
<u>Oscar</u>		<u>Payton</u>		<u>Handy</u>		<u>February 15, 1955</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 HRS.		
<u>M.</u>	<u>C.</u>	<u>Married</u>	<u>Aug. 18, 1896</u>	<u>58</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Farm</u>		11. BIRTHPLACE (State or foreign country): <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Isaac James Handy</u>				14. MOTHER'S MAIDEN NAME: <u>Maggie Watson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No.: <u>216-12-1706</u>		17. INFORMANT & ADDRESS: <u>Emma Pater Pocomoke City, Md.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
<p>4201</p> <p>Immediate cause (a) <u>Acute coronary heart disease</u></p> <p>DUE TO</p> <p>Antecedent cause(s) (b) _____</p> <p>Diseases or conditions, if any, giving rise to the above cause DUE TO</p> <p>stating underlying cause last (c) _____</p>							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. _____							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at Not while work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>[Signature]</u>		M. D. <u>[Signature]</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>		DATE SIGNED <u>2-15-55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>2/20/55</u>		NAME OF CEMETERY OR CREMATORY <u>Tindley Chapel Cem.</u>		LOCATION (City, town, or county) (State) <u>Pocomoke City, Md.</u>	
DATE REC'D BY LOCAL REG. <u>3/28/55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Gracie Boyner</u>		24. FUNERAL DIRECTOR <u>Edgar Wharton - New Church, Va.</u>		ADDRESS	

1905

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR

MADE IN U.S.A.

NAME OF DECEASED
AGE
SEX
DATE OF DEATH
PLACE OF DEATH

CAUSE OF DEATH
MANNER OF DEATH

EDUCATION
OCCUPATION

RELIGION
MARRIAGE

PREVIOUS ILLNESS
PREVIOUS SURGERY

PREVIOUS TRAUMA
PREVIOUS ACCIDENT

PREVIOUS DRUGS
PREVIOUS TOBACCO

PREVIOUS ALCOHOL
PREVIOUS SMOKE

PREVIOUS RADIATION
PREVIOUS CHEMICALS

PREVIOUS INFECTIONS
PREVIOUS PARASITES

PREVIOUS TRAUMA
PREVIOUS ACCIDENT

PREVIOUS DRUGS
PREVIOUS TOBACCO

PREVIOUS ALCOHOL
PREVIOUS SMOKE

PREVIOUS RADIATION
PREVIOUS CHEMICALS

BUREAU V. 2

MAR 28 1905

RECEIVED

1970

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

COUNTY Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) Crisfield

LENGTH OF STAY (In this place) lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS

946 Broad St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield

STREET ADDRESS

Broad St.

3. NAME OF DECEASED:

(First)

RICHARD

(Middle)

(Last)

HARRIS

4. DATE

(Month)

(Day)

(Year)

OF DEATH: February 26 1955

5. SEX:

Male

6. COLOR OR RACE:

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH:

July 26, 1927

9. AGE last birthday:

27 yrs.

10. IF UNDER 1 YEAR

11. IF UNDER 24 HRS.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY:

Seafood Industry

11. BIRTHPLACE (State or foreign country):

Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

Richard Harmon

14. MOTHER'S MAIDEN NAME:

Beatrice Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

no

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

218-24-2777

17. INFORMANT & ADDRESS:

946 Broad St.
Mrs. Rosa Lee Harris—Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

322.1
Immediate cause

(a)

DUE TO

Myocardial Infarction

Interval Between Onset And Death

Five minutes

Antecedent causes(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

Chronic Alcoholism

Years

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Viral Infection

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 24, 1955, to Feb. 26, 1955, that I last saw the deceased alive on Feb. 25, 1955, and that death occurred at 1:10 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Mar. 3, 1955

Betty H. Tyler

Bradshaw & Sons-531 Main St.-Crisfield, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V.

MAR 3 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01954
1971 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
39 TOWN Crisfield		lifetime		TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00 Broadway				Broadway			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) ROSETTA		(Middle)		(Last) JONES		(Month) (Day) (Year)	
(Type or Print)						February 21, 19 55	
5. SEX:		5. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)		8. DATE OF BIRTH:	
female		colored		widowed		Sept. 18, 1881	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
housewife		Domestic		Accomack County, Va.		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Littleton Taylor				unknown			
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
no 4		---		Broadway Mrs. Lillian Hall—Crisfield, Md.			

18. MEDICAL CERTIFICATION				Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
331X Immediate cause (a) Cerebral Vascular Accident				2 weeks	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hemiplegic Aortic Aneurysm				Several yrs.	
(c)					
11. OTHER SIGNIFICANT CONDITIONS				6 m	
Conditions contributing to the death but not related to the disease or condition causing death. Insanitation. Senile Degeneration					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?	
0				Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
SUICIDE HOMICIDE		INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR ?	
		m.			
22. I hereby certify that I attended the deceased from July 15, 1954, to Feb 22, 1955, that I last saw the deceased alive on Feb 22, 1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.					
SIGNATURE		ADDRESS		DATE SIGNED	
D. N. Ban		Crisfield, Md.		Feb 24, 1955	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
Burial		Feb. 24, 1955		Lawsonia Cemetery	
LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REGISTRAR		24. FUNERAL DIRECTOR	
Crisfield, Md.		4/24/55		Bradshaw & Sons—Main St.—Crisfield, Md.	
REGISTRAR'S SIGNATURE		ADDRESS			
Betty W. Tyler					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 28 1955
BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01955

1966

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>md.</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
x <u>Marion Station</u>		<u>87 yrs.</u>		<u>Marion Station</u>		x	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
13. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) <u>Henry</u>		(Middle) <u>Upshur</u>		(Last) <u>Lankford</u>		OF DEATH: <u>Feb. 24</u> 19 <u>55</u>	
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>Col.</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH: <u>March 25, 1867</u>	
9. AGE last birthday: <u>87 yrs.</u>		IF UNDER 1 YEAR: Months <u>10</u> Days <u>24</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Farmer</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u></u>			
11. BIRTHPLACE (State or foreign country): <u>Manokin, Som. Co. Md.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13. FATHER'S NAME: <u>George Lankford</u>				14. MOTHER'S MAIDEN NAME: <u>Larsh Lankford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) If Yes, give war or dates of service: <u>4 no.</u>				16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT & ADDRESS: <u>Mrs. Clara Young-Marion Sta., Md.</u>							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE (A) <u>Coronary Condition</u>						about 24 hrs	
ANTECEDENT CAUSE (S) (B) <u>Chronic Myocarditis & Chronic Int. Nephritis</u>						years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
M. <u>at home</u>							
22. I hereby certify that I attended the deceased from <u>Feb. 24, 1955</u> , to <u>Feb. 24, 1955</u> , that I last saw the deceased alive on <u>Feb. 24, 1955</u> , and that death occurred at <u>7:00 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>George C. Boulton MD</u>				ADDRESS <u>Marion Sta. Md</u>		DATE SIGNED <u>2-25-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb. 28, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Branch Cemetery</u>		LOCATION (City, town, or county) (State) <u>Marion Sta., Som. Co., Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>2-25-55</u>		REGISTRAR'S SIGNATURE <u>Nellie D. Payne</u>		24. FUNERAL DIRECTOR <u>Charles H. Ward</u>		ADDRESS <u>Marion Sta. Md.</u>	

RECEIVED

FEB 28 1955

BUREAU V. S.

1972

CERTIFICATE OF DEATH

Reg. Dist. No. 265.....

I. PLACE OF DEATH:

COUNTY Somerset MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) 39
 TOWN Crisfield LENGTH OF STAY (in this place) lifetime
 HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Turf St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset
 CITY (If outside corporate limits, write RURAL and give nearest town) 39
 OR TOWN Crisfield
 STREET ADDRESS (If rural give location) 1
 Turf St.

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

ROBERT

MADDOX

4. DATE

(Month)

(Day)

(Year)

OF DEATH:

February 3

19 55

5. SEX:

male

6. COLOR OR RACE:

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

single

8. DATE OF BIRTH:

unknown

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

about 70 yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

unknown

10b. KIND OF BUSINESS OR INDUSTRY:

unknown

11. BIRTHPLACE (State or foreign country):

unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

unknown

14. MOTHER'S MAIDEN NAME:

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

9- --

--

16. SOCIAL SECURITY No.:

--

17. INFORMANT & ADDRESS:

Deputy Medical Examiner

Dr. Wm. H. Coulbourn—Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause

(a)

DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Coronary Disease
 Arterio Sclerosis
 Senility

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

0/00

19b. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

no

INJURY OCCURRED

While at Work ☒Not While At Work ☐

HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from the 1955 to 1955, that I last saw the deceased

live on 1955 and that death occurred at Crisfield, Md. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

burial

DATE THEREOF

Feb. 9, 1955

NAME OF CEMETERY OR CREMATORY

Lawsonia Cemetery

LOCATION (City, town, or county)

Crisfield, Md.

(State)

DATE REC'D BY LOCAL REGISTRAR

2/8/55

REGISTRAR'S SIGNATURE

Betty W. Tyler

24. FUNERAL DIRECTOR

Bradshaw & Sons—Crisfield, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NAVY AND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD. CERTIFICATE OF DEATH

NAME OF DECEASED [Faint text]		SEX [Faint text]		AGE [Faint text]	
PLACE OF BIRTH [Faint text]		DATE OF BIRTH [Faint text]		PLACE OF DEATH [Faint text]	
OCCUPATION [Faint text]		CAUSE OF DEATH [Faint text]		MANNER OF DEATH [Faint text]	
TIME OF DEATH [Faint text]		PLACE OF DEATH [Faint text]		NAME OF PHYSICIAN [Faint text]	
NAME OF WITNESS [Faint text]		SIGNATURE OF PHYSICIAN [Faint text]		SIGNATURE OF WITNESS [Faint text]	

BUREAU V. S.

FEB 10 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1967

CERTIFICATE OF DEATH

01957

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural - Crisfield HOSPITAL OR INSTITUTION OR STREET ADDRESS Sackertown Road		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Crisfield STREET ADDRESS (If rural give location) Sackertown Road	
3. NAME OF DECEASED: (Type or Print) William (First) H. (Middle) Nelson (Last)		4. DATE OF DEATH Feb. 23, 1955 (Month) (Day) (Year) XXX	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Oct. 15, 1876 (Month) (Day) (Year) 78 yrs.
9. AGE last birthday: 78 yrs.		10. BIRTHPLACE (State or foreign country): Maryland	
11. CITIZEN OF WHAT COUNTRY: USA		12. CITIZEN OF WHAT COUNTRY: USA	
13. FATHER'S NAME: George L. Nelson		14. MOTHER'S MAIDEN NAME: Elizabeth Sterling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY No.: AN-220-09-1294	
17. INFORMANT & ADDRESS: Susan Nelson, Crisfield, Md.			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 177X Immediate cause (a) Transition Antecedent causes (s) (b) Carcinoma of the Prostate with Metastasis Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)		Interval Between Onset And Death 7 years.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 8, 1955 to Feb 23, 1955 , that I last saw the deceased alive on Feb 23, 1955 , and that death occurred at 6.30 P.M. , from the causes and on the date stated above. SIGNATURE G. N. Bow (Degree or title) Dr. D. ADDRESS Crisfield, Md. DATE SIGNED Feb 24, 1955			
23. BURIAL, CREMATION, (Specify) Burial		DATE THEREOF Feb. 25, 1955 NAME OF CEMETERY OR CREMATORY Asbury em. LOCATION (City, town or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 2/25/55		REGISTRAR'S SIGNATURE Betty W. Tyler	
24. FUNERAL DIRECTOR Durward Q. Covington		ADDRESS Crisfield, Md.	

RECEIVED
FEB 28 1955
BUREAU V. S.

MARYLAND

1968

01958

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH COUNTY SOMERSET		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY SOMERSET	
CITY (If outside corporate limits, write RURAL and OR give nearest town) PRINCESS ANNE		CITY (If outside corporate limits, write RURAL and give nearest town) PRINCESS ANNE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) LEAH		4. DATE OF DEATH (Month) (Day) (Year) 2/18/55	
5. SEX FEMALE		6. COLOR OR RACE COLORED	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED		8. DATE OF BIRTH 11/12/1872	
9. AGE last birthday 82		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY HOUSE	
11. BIRTHPLACE (State or foreign country) SOMERSET COUNTY MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WILLIAM JOHN DENNIS		14. MOTHER'S MAIDEN NAME JANE WATERS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS CONSTON ROBERTS			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Immediate cause 422.2 Broncho Pneumonia		5 days
(b) Antecedent cause(s) Chronic myocarditis		18 mths
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 20, 1953**, to **Feb 18th, 1955**, that I last saw the deceased alive on **Feb 18, 1955**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

SIGNATURE **Eddan G. Manton M.D. Princess Anne md.** DATE SIGNED **2-21-55**
(Degree or title) ADDRESS

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE 2/22/55	NAME OF CEMETERY OR CREMATORY JOHN WESLEY	LOCATION (City, town, or county) PRINCESS ANNE, MD.	(State)
DATE REC'D BY LOCAL REG. 2/22/55	REGISTRAR'S SIGNATURE R. S. Johnson, M.D.	24. FUNERAL DIRECTOR Wallace H. Jones	ADDRESS Princess Anne	

MARGIN RESERVED FOR BINDING

1955

BUREAU V. S.

FEB 23 1955

RECEIVED

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MARYLAND 1973

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> TOWN <u>Crisfield</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>114 S. 4th St.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> TOWN <u>Crisfield</u> STREET ADDRESS (If rural, give location) <u>114 S. 4th Street</u>	
3. NAME OF DECEASED (Type or Print) <u>Josanna</u> (First) (Middle) (Last)		4. DATE OF DEATH <u>Feb. 23</u> 19 <u>55</u> (Month) (Day) (Year)	
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar. 3, 1888</u>
9. AGE last birthday <u>66</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Westover</u>	
11. BIRTHPLACE (State or foreign country) <u>U. S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Henry Milbourne</u>		14. MOTHER'S MAIDEN NAME <u>Josanna Jackson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Gladys Milbourne, 114 S. 4th Street</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
260X Immediate cause (a) <u>Cerebral Thrombosis</u>			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Cerebral arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>			
19a. DATE OF OPERATION <u>0</u> 19b. MAJOR FINDINGS OF OPERATION <u>Hyper-trophic Arteriosclerosis</u>			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>54</u> , to <u>Feb. 23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb. 23</u> , 19 <u>55</u> , and that death occurred at <u>1:30</u> p.m., from the causes and on the date stated above.			
SIGNATURE <u>Dr. M. Peyton</u>		DATE SIGNED <u>Feb. 27, 1955</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>Feb. 27, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Lawsoria</u>		LOCATION (City, town, or county) <u>Crisfield, Somerset Co., Md.</u>	
24. FUNERAL DIRECTOR		ADDRESS	
DATE REC'D BY LOCAL REG. <u>2/27/55</u>		REGISTRAR'S SIGNATURE <u>Betty W. Tifer</u>	
24. FUNERAL DIRECTOR		ADDRESS <u>Charles H. Wall, Marion Sta., Md.</u>	

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BUREAU V. S.

MAR 7 1955

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